

RESIDENTIAL LOT
STORMWATER PLOT PLAN REVIEW REQUEST

Name of Subdivision/Minor Plat & Lot #: _____ Project Name: _____
Parcel Number: _____ Section/Township/Range _____
Township Name: _____

Applicant's Name: _____ Property Owner: _____
Address: _____ Property Address: _____

Phone: (____) _____ Phone: (____) _____
Fax: (____) _____ Fax: (____) _____

Contractor/Builder: _____
Address: _____
Phone: (____) _____ Fax: (____) _____
Contact Person: _____ Cell Phone: _____

Type of Residential Lot or Improvement: _____

Trained Individual in Charge of the Mandatory Stormwater Pollution Prevention Program

Name: _____ Address: _____ Phone #: _____

List of Qualifications): _____

The individual lot operator is responsible for installation and maintenance of all erosion and sediment control measures until the site is stabilized.

Signature _____ Date _____

(Please print name here)

*** For Office Use Only ***	Engineering Firm: _____
Permit # _____	Plan Project # _____ Check # _____